(2) DEC Well Number WELL COMPLETION REPORT (3) OWNER * LOG (4) ADDRESS Ground Surface EL ft. above sea level (5) LOCATION OF WELL Town TOC above (+) or below (-) ground surface (Also see reverse) (6) DEPTH OF WELL BELOW SURFACE (7) DEPTH TO GROUNDWATER TOP OF WELL CASINGS (8) DIAMETER in. in. (9) LENGTH ft. in. (10) SEALING (11) CASINGS REMOVED SCREENS (12) MAKE & MATERIAL (13) OPENINGS (14) DIAMETER in. in. (15) LENGTH in. (16) DEPTH TO TOP, FROM TOP OF CASING Gneiss PUMPING TEST (17) DATE (18) TEST OR PERMANENT, PUMP? (19) DURATION OF TEST (20) MAXIMUM DISCHARGE minutes gallons per min. (21) STATIC LEVEL PRIOR TO TEST (22) LEVEL DURING MAXIMUM PUMPING in. below in, below top of casing (23) MAXIMUM DRAWDOWN (24) Approximate time of return to normal water level after cessation of pumping minutes PUMP INSTALLED (25) TYPE (26) MAKE (27) MODEL NUMBER (28) MOTIVE POWER (29) MAKE (30) H.P. (31) CAPACITY g.p.m. against ft. of discharge head Gneiss, (32) NUMBER OF BOWLS OR STAGES Quartz, ft. of total head DROP LINE Biotite SUCTION LINE (33) DIAMETER & (34) LENGTH (35) DIAMETER & (36) LENGTH (37) METHOD OF DRILLING PRotary Cable tool Cher (39) WORK STARTED COMPANY (41) DATE (43) REGISTRATION NO

* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".

Bottom of Hole

Original - DEC Copy

